



Office of the Georgia Secretary of State

Securities and Charities Division
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FORM S-2A TERMINATION OF REGISTRATION AS A SOLICITOR AGENT

PART I - EMPLOYER			
Name of Paid Solicitor		Registration #	
		PS	
Main Address (Number & Street)	City	State	Zip
Person to contact for this application	Title	Phone Number	

PART II - APPLICANT (SOLICITOR AGENT)			
Name (Last)	(First)	(Middle or Maiden)	Registration #
Date Terminated	Reason (Check One)		
	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Deceased	<input type="checkbox"/> Discharged
Person to contact for this application	Title	Phone Number	

PART III -	
Signature and Title of Official for Paid Solicitor	Date